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AN

Inaugural Dissertation
on the Pneumonia Biliosa of Virginia,
and on the use of Emetics & the Mer-
curial preparations in the treatment
of that disease. —

by

Geo. A. C. Barhard.

of Virginia. —

" The horizon of Research is illimitable,
& the discoveries of Truth are infinite.

D'Israeli.

Passed March 16th. 1826

Pneumonia Biliosa.

The history of Medicine alike refutes the idle calumnies of its enemies & excites a holy enthusiasm in its votaries. — Within the short space of thirty years, physicians have discarded the dogmas of the European schools, & have adopted a bold and original practice, founded on rational principles & confirmed by the touchstone of experience. — Time, "which destroys the fictions of opinion & maintains the decisions of Nature," proves that a knowledge of the healing art is not confined to the privileged few, but is extended to all zealous cultivators of Medicine, according to their talents & industry.

The division of the science into several branches, the laudable desire of fame, & the noble wish to relieve the distresses of our fellow creatures, have called forth all the energies of the human mind, & thereby elicited facts not less splendid than useful in their results. — Such have been the improvements in the practice of Medicine, that almost every disease described by the celebrated Dr Cullen has been greatly elucidated & explained by the most eminent physicians. — Pneumonia Biliosa, the subject of the present essay, however, has-

has only been partially noticed by Medical writers. — To collect those detached observations & to delineate the pathology & treatment, of the most distinguished practitioners of Virginia, in this formidable disease, is the object of the following dissertation. —

Symptoms of the Disease.

This is by far the most frequent form of Pneumonic inflammation, met with in the lower parts of Virginia. — It is that form of Pleurisy characterized by bilious discharges, either by vomiting or stool; It is sometimes Epidemic, assuming a remittent or intermittent type. — It is most prevalent during spring, tho, not unfrequently met with during winter & the first Summer Months.

It generally commences like a paroxysm of intermittent fever, with languor, debility, &c., succeeded by a chillness (sometimes an ague) which continues from fifteen or twenty minutes to two or three hours; during its continuance erratic pains ~~pains~~ are frequently felt in various parts of the body. — With most of the phenomena attendant on a paroxysm of intermittent fever, a discharge of bilious matter, either by vomiting or stool frequently occurs during the cold stage; in

other

other cases not until the exacerbation of the fever. —

The cold stage is succeeded by a febrile exacerbation, designated by quick & difficult breathing, & increased heat of the surface; the patient also complains of a burning sensation in the Epigastric region, violent headache and in some cases delirium. — As the disease advances the tongue becomes covered with a brown or black furr, the eyes are yellow & the skin is often of a bronze colour; the pulse is, in the inflammatory form of this disease, frequent, full, strong, hard, & quick. In some cases, particularly in the advanced stage of the disease the pulse is weak, slow, & soft, & at the same time very variable; not only in different persons, but in the same person at different times, & in different arms, that on the side affected being most obscure. — Dr Cleghorn observes,[1] "that he frequently found it like that of a man in health, or even slower than natural, when the patient was in the greatest danger. —

At the commencement of the hot stage respiration becomes more difficult, & pain is frequently felt in some part of the thorax; its seat varies in different subjects, but it is generally located in one side, & in the right side oftener than in the left. The pain is felt some times

[1] Cleghorn on the diseases of Minorca.

=times, as if it were under the sternum, often in the back between the scapulæ; and when in either side its seat is often higher or lower, more forwards or back=
=wards. The pain is frequently severe & pungent, but in other cases it is dull & obtuse, with a sense of weight rather than of pain; it is most severe when seated about the sixth or seventh rib. For the most part the pain continues fixed in one place, tho, it is not uncommon for it to dart from the side to the clavicle & sternum, or ~~Scapulæ~~, or obliquely downwards along the cartilages of the false ribs.— In the progress of the disease it is not uncommon for the pains to move about in the thorax from one part to another, sometimes they shift from the thorax to the limbs, & suddenly return to the thorax or bowels. Dr. Cleghorn saw cases, wherein, after having one side they attacked the other & proved fatal in a very short time. We have generally found the disease less difficult to cure, in cases, where the pain frequently changed its seat. More than two thirds of Cleghorns patients had the pain in their right side.—

The pain is often so very pungent, that the patient can only lie on his back, or on the side opposite to that affected

affected. It is frequently necessary to support him in an erect posture. In many cases the patient is drowsy, & manifests a great disposition to sleep; he is sometimes delirious and much disturbed with extravagant dreams. These last phenomena, tho, not constant attendants, are frequently present in a greater or less degree, and always indicate a less tractable disease. In the mean time the temperature of the body is not greater than natural in some few cases; but for the most part it is considerably increased.

Dr Cleghorn observes, "that, besides some abatement of the fever which commonly happens every morning, it is remarkable that upon the third or fourth day, there is frequently a considerable remission of every violent symptom, so that the patient is thought to be out of danger; but on the fourth or fifth day a delirium sometimes comes on suddenly, or the breathing becomes more difficult than ever, and one or both of these symptoms increasing hourly, the patient expires in a day or two, either suffocated or raving mad, unless timely assistance be afforded." This we are disposed to think was owing to the want of proper evacuants in the first stage of the disease. —

In many cases the cough precedes every other symptom; in

in others it does not occur until after most of the other symptoms are manifest. — In the first stage the sputum if any, is colourless & viscid, but soon becomes of a whitish yellow colour, & of greater consistence, when matters proceed rightly; and about the third or fourth day (says Huxham) it is commonly streaked with blood, or the blood is so incorporated with it, as to give it a bloody tinge, termed by Baglivi flavo-rubescens. The expectoration is some cases is very copious, in others it ceases entirely. —

Blood drawn in this disease at the commencement is generally red & florid, but the second or third bleeding frequently exhibits an inflammatory crust, its appearance being considerably changed in a few hours.

Dr Cleghorn remarks that "out of twenty one patients whom he lost, only one lived to the fourteenth day, four of them died on the fourth day, & the others on the intervening days.

By dissection he ascertained that the lungs have the ones of disease. In fourteen bodies which he examined he found the pleura in a sound state, and the substance of the lungs in an inflamed state. In some small abscesses were found; In one case the diaphragm was inflamed; in two or three the heart.

Vide Dr Jno. Huxham of Plymouth on pleurisy.

heart & pericardium. in one, an abscess was found in the right lobe of the liver, & in one case the sinuses of the dura Mater were surcharged with blood. —

Diagnosis.

Bilious Pleurisy can only be confounded with other forms of Pneumonic inflammations; from them it may be distinguished by the following characteristics. It prevails at a time, when other forms of pleurisy are seldom met with. The discharges by vomiting or stool are bilious, which is never the case in an idiopathic Pleurisy; Also by the great irritability of the stomach, diarrhœa, black coloured tongue yellow eyes etc. — A knowledge of the preceding forms of disease & prevailing epidemic generally indicate the nature of the disease. —

Prognosis.

A violent pyrexia is always an alarming symptom. Cessation of expectoration, with increased difficulty of breathing; The patient can lie on one side only, or can only breathe with tolerable ease when in an erect posture; flushing of the face, together with partial sweats about the head & face. An irregular pulse; A frequent, violent & dry cough; The pain remaining fixed in the part, on which it made its first attack.

Delirium

delirium. These symptoms in an aggravated degree denote a dangerous & intractable disease, et vice versa.

Causes.

We are disposed to consider Miasmata the principal remote or predisposing cause of Pneumonia Biliosa 1st because it is frequently epidemic in divisions of country exposed to marsh exhalations, 2nd. It attacks those persons, who have been previously exposed in situations favourable to the production of Marsh ~~exhalations~~ Miasmata; 3rd. It attacks persons, who were previously affected with bilious remittent or intermittent fever. 4th. It occurs in a season of the year, unfavourable to the production of an idiopathic pleurisy. 5th It observes regular remissions & exacerbations. 6th Hepatic derangement is one of its concommitant, & characteristic symptoms. 7th. It requires a course of treatment similar in many respects, to that necessary in the cure of Autumnal fevers.

In a disease so complicated, it is almost impossible to draw an intelligible line of distinction, between the predisposing and exciting causes. In fact we deem it entirely unnecessary; as it is universally admitted, that the same causes under particular circumstances may either predispose to

to, or excite a disease. We consider it of little importance to the practitioner, to know by what particular cause, a disease is induced; whether by exposure to cold air, to moisture, or any other vicissitude whatever, if the same phenomena present themselves, the same remedies are necessary, in both cases, by what cause soever induced. Having premised this, we proceed to enumerate the principal causes. 1st Atmospheric vicissitudes, as sudden mutations from heat to cold; Intemperance, fatigue, inanition etc.

Among the agents which induce pneumonic inflammation, cold is by far the most active; it's mode of acting on the system so as to produce this effect, is explained on the principle of cutaneo pulmonic sympathy.

When the sympathy existing between the skin and thoracic & abdominal viscera, is called into action, the organ, or organs, already predisposed to take on morbid action or those most susceptible to its agency, are attacked; When the liver & thoracic viscera are acted on simultaneously & manifest the phenomena above enumerated, we call it Bilious Pleurisy. But to render the pathology of this disease

disease more explicable, we will trace more minutely, the chain of associations, whereby these external impressions (the effects of atmospheric vicissitudes) are connected with derangement of the most important functions in the animal economy. Their first effects are, to check perspiration, to render the extreme vessels torpid, & cause a great determination of blood to the interior organs. In what manner this sympathetic association takes place, we are unable to explain; but the fact is certain & the limits assigned this essay, will not admit of our entering into an investigation of its rationale. — In temperate climates the best marked sympathy is that between the skin & lungs; And in tropical climates between the skin & liver. In both these regions they frequently act simultaneously & finally become blended, and a disease of a complicated nature is produced. In this way we think the pathology of Pneumonia Biliosa, may be rendered comprehensible. —

The sympathy between the skin & lungs, is familiarly exemplified by immersing a person in cold water. At the instant of immersion the blood vessels on the surface of the body, are struck torpid, & the blood

is.

is determined to the interior organs. A torpor or spasm, at the same time takes place in the capillary vessels on the surface of the lungs, producing that panting which was observed in persons thus immersed, particularly the delicate. — But here reaction takes place the balance of the circulation is restored; the functions of the skin are renewed on the principle of accumulated excitability: This temporary oscillation of the vital fluid, is succeeded by exhilirations of spirits & renovated energy.

On the other hand, if previously to immersion there has been exercise to produce fatigue, or an excess of perspiration from increased heat to weaken the extreme vessels on the surface; then ~~the circu~~ circulation in the vessels on the surface cannot be properly restored, & the lungs or some other internal organ are injured, with more or less of fever & inflammation, according to the state of the constitution, & force of the operating causes. — These effects are perpetually produced by the sudden atmospheric transitions of our climate. The consent of parts between the skin & lungs, which we shall term "Cutaneo Pulmonic sympathy" explains these otherwise unaccountable

=able phenomena.

The other sympathy which we shall notice, is that denominated "Cutaneo hepatic". Its agency is most obvious in the diseases of the torrid zone; Its effects are frequently manifest in the diseases of our climate. The biliary organs is weakened, by excessive secretions of bile; The consequence of a high range of atmospheric heat; And of course the liver predisposed to disease. So in a climate like ours, subject to frequent & sudden vicissitudes, the liver & lungs, are in many cases equally implicated & conjointly bear the onus of diseases

That a very powerful sympathy exists between the skin & liver cannot be doubted, if the nature of the diseases of tropical regions are examined; The sympathy between the skin & liver manifests itself in a manner different from other sympathies. Between the skin & the other abdominal & thoracic viscera the secretions & excretions, are in an inverse ratio to each other; but between the skin & liver the ratio of action is direct. As perspiration is increased in the one, secretion of bile is also augmented in the other. This explains the

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the cause of the frequency of hepatic derange=ment in tropical countries. The functions of the liver are impaired by excessive secretion and thereby rendered obnoxious to Morbid action.

From the above premises, our theory of the pathology of Pneumonia Biliosa is this. The liver is predisposed to take on diseased action, by the excessive heat during our Summer & fall Months; Marsh exhalations; previous disease etc. The lungs are always very susceptible to the agency of atmospheric mu=tations. The one being predisposed, the other extremely liable to take on diseased action. Whatever acts powerfully on the surface of the body, acts by sympathy, simultaneously on the predisposed & susceptible viscera & they are thereby equally implicated.

Remedies

The remedies in Pneumonia Biliosa are; Bl=ood letting, Cathartics, Vesicatories, Emetics, Diaph=oretics, Expectorants, Stimulants, and Lastly, Sali=vation. — Before we proceed farther, it will be necessary to state, that natural discharges, have

have ~~proved~~ sometimes critical: We shall merely enumerate them, 1st expectoration 2 copious efflux of urine 3rd perspiration. (Cleghorn)

Blood letting.

Great discrepancy of opinion once prevailed respecting the proper time for drawing blood, & the quantity to be drawn. + Sydenham directed his patients to loose 40 ℥ as the maximum quantity in Pleurisy. The absurdity of this restriction is sufficiently obvious to every practitioner, The loss of X ℥ of blood will have a greater effect on one constitution, than the loss of 60 ℥ on ever 100 ℥ on another. — Dr Cleghorn advises "to bleed until the pains abate, or the patient begins to faint; from XVI to XXIV. ℥ are generally necessary to effect this point. — If (says he,) I was called on the first day of the disease, I bled as above, & repeated it in the afternoon, if performed in the morning; without regarding, the urine, expectoration, or the appearance of the blood; the V.S. was repeated the next morning if there was the least room to suspect that any obstructions remained in the head or breast. He has taken 60 ℥ in the first 24 hours.

Dr Rush

+ Vide Wallace's Sydenham.

1111 Dr Rush, advises copious V.S. "It should be (he says) be carried to a greater extent than even in Peripneumonia Notha; there being two actions to subdue instead of one.

¶ The Author of an elaborate essay on Pleurisy observes. "If a person just before in full health should an, violent exercise, debauch, or a severe cold, be seized with a great shivering, succeeded by heat, very much oppression and load in the breast, with difficult, quick & hot respiration & more or less cough, blood is to be drawn immediately, from a large orifice, & in considerable quantity.

¶ Sydenham Fuller & Sydenham bled their patients from the arm of the affected side; whereas in Portugal an Edict was issued prohibiting any Physician from letting blood from the affected side in Pleurisy. We consider it of little importance on which side it is performed, provided a decided impression be made on the system.-

Were it necessary the list of authorities could be extended to a considerable length; but as the use of the lancet has not been objected to by any, see

1111 Rush's Public lectures. ¶ Dr. Jno Heaham

use, deem it unnecessary to enumerate any other. —
Some general rules however have been laid down
to direct the use of the lancet in Pneumonic inf-
-lammations. — If called to a patient, labouring under
Pleurisy, with high fever, indicated by an active,
full, & bounding pulse, difficult breathing, acute
pain in any part of the thorax, delirium etc, blood
is to be drawn "plenoruo" until a decided impress-
-ion is made on the system. — Expectoration, in the
early stage of the disease, is no objection to blood-
-letting; because it is impossible for the small
quantity of sputum to allay morbid action, of which
it is only the effect. — After all the symptoms have
abated, expectoration may be trusted to without
the farther use of the lancet. Blood letting should
be repeated at proper intervals as long, as the violence
of the symptoms demand it, or the pulse which is
by far the best guide justify. —

On the other hand, if called to a patient recently
attacked of a strong constitution, who a few hours before
was in good health, with feeble pulse, great debility, difficul-
-ty of breathing, dry cough, & other signs of a violent
disease: we are not to consider it as direct debility; it
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being only indirect. & in this case if no depleting remedies have been used previously, we should resort to V.S. the apparent debility, being caused in most cases by engorgement of some vital organ. V.S. restores the Equilibrium in the circulation; the excitability of the system is also resuscitated, & the pulse is raised. After the first bleeding, which should be on the first or second day: its repetitions should be regulated by the pulse.

¶ Tiller gives a case to prove how effectual bleeding may be, even when the patient is extremely weak & all the symptoms notwithstanding aggravated to a degree of violence, — In a robust youth, under a most severe pleurisy, after two plentiful bleedings the disease seemed to change for the better; but on the fifth day the symptoms returned with great violence, so that in spite of clysters & vesicatories, the patient appeared to be in the most imminent danger. A large orifice was made in the veins of both feet, now so cold, that tho. they were fomented with warm water, not a drop of blood came: upon which water was continually poured upon them so hot as to fetch off the cuticles & then the veins bled plentifully enough, & so effectually, that the patient almost half expiring, revived

and

¶ Brookes' practice of Physic

and was most happily cured.

When relapses occur Baron Storck says "We should carry the use of the lancet, to as great an extent, as the pulse will permit without the life of the patient. —

We have been informed, that in many violent cases of Pneumonia Biliosa, it is the practice of the physicians of Virginia, who are most conversant with this form of disease, to recommend a very free use of the lancet in these cases, & their success confirms the correctness of their course.

V.S. when carried to a sufficient extent relieves the difficulty of breathing, mitigates the pain, clears the surface, equalizes excitement by determining the blood to other & less vital parts of the body. —

It also relieves, the cough & increases the secretion from the lungs, by removing the spasm of the vessels. — It very often proves, the only practical method of enabling the patient to obtain sleep, & thereby some respite to the distressing restlessness, which aggravates, every symptom & soon exhausts the strongest constitution. — We frequently find, that in the most intractable forms of this disease it is necessary

necessary to repeat the blood letting as many as three or four times a day. pro re nata. We have heard of cases occurring in the practice of Drs Richard Field & Theo. F Gilliam, in which, this prompt & energetic course cut short this violent disease in a few days. —

But in the language of the eloquent late "Dr Miller of New York" It is impossible to establish general rules for the use of V.S. every Epidemic season, & every individual case greatly claims the right of deciding for itself. In the one case V.S. is the anchor of hope; in the other, it may precipitate death. — And besides extreme cases there are mixed & doubtful ones, where danger threatens on every side & a choice of difficulties only remains. —— Cathartics.

That all inflammatory diseases require the use of purgatives, is a fact universally admitted. In Hepatic inflammation they are absolutely indispensable. In Pneumonic inflammation, they are indicated but cannot be used to the same extent, as in other local inflammations. In this particular form of disease we see no objection to the free use of cathartics, at least

" Med Repos!

least in the commencement. Dr. Chapman than whom higher authority could not be given, observes, that he found purgatives necessary in the winter Epidemic, which prevailed in the Northern states not long since; Particularly among the members of the Mid class from the Southern states. in them it partook strongly of a bilious diathesis, and demanded the first evacuations from the bowels. – In corroboration of the correctness of this practice, it is only necessary to mention the names of, Sydenham, Huxham Cleghorn, Rush & Hamilton.

Dr. Rush observes "we should use daily purgatives while the violence of the disease continues; Calomel should constitute a part of ole the purgatives used in this disease. It may be combined with Rhubarb, Ipecuanha Jalap etc, and assisted in its operation by the neutral salts, ol: Ricini or Rhubarb & magnesia etc etc. The same purgatives are recommended by Dr James Hamilton

Drs Richard Field & Thos. F Gilliam of Virginia, gentlemen eminent for the correctness of their pathological views & successful practice; consider Calomel the "Sine qua non" in the treatment of this

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this form of disease. They use it freely while the tongue is foul, the eyes yellow, or much vascular action exists. This has been the course of practice followed by them, for a number of years. We consider their almost unparalleled success in the treatment of this form of pleurisy sufficient evidence of the correctness of the course of practice pursued by them. There is however one precaution which should always be attended to, in their administration, never to allow their action the intestines to be such as to endanger a suppression of the sputum, as this result would in many instances destroy the patient.

Vesicatories.

Blistering the side & other parts of the body, in painful & inflammatory diseases, is an ancient remedy, yet considerable diversity of opinion exists, respecting the time of application. It was long the custom of Physicians, & in fact is yet the practice of some to apply a blistering plaster to the pained part or to approximate it as near thereto as possible in the early stage of the inflammatory diseases of the thorax.

Dr Jno. Pringle observes " In treating great numbers in the Hospitals, I found no inconvenience from

° Pringle's diseases of the army.

from using the blister immediately after the first bleeding, but, on the contrary, a more sudden & certain relief; May frequently when the Surgeon was not at hand, I have had the plaster put directly to the side and the patient bled afterwards, being satisfied if the vein was opened before the flies had time to stimulate. — Dr Pringles mode of early blistering has been sanctioned & followed by many eminent physicians; We think it highly reprehensible and have authority equally good on our side.

Dr Pringle practiced in an army hospital, where we may reasonably suppose, the patients were greatly debilitated, by fatigue, exposure, want of wholesome food etc. . In this case the early application of blisters was less objectionable than in the country, where the people are for the most part in an opposite situation. We are disposed to think, that the proper time for applying a blister is after a state of direct debility has been induced, by copious V. S. & other evacuations; The more especially in Pneumonia Biliosa.

In this disease we should endeavour to relieve the most urgent Symptoms first, febrile excitement

excitement, difficulty of breathing, delirium etc. all imperiously demand the use of depleting remedies; V.S. & purgatives have a tendency to relieve pain &c. by diminishing inflammatory action. — Shall we then increase the excitement of the system already too much excited by the additional stimulus of a blister? by it the very symptoms we wish to remove are increased in violence. —

We admit that cases frequently occur, in which a blister may be applied with perfect safety, & great advantage after the first bleeding, provided it was copious. These are for the most part, the attacks of delicate females, or persons who had been previously debilitated by disease. We know that it is the practice in Virginia as a general rule never to apply a blistering plaster in these cases, until arterial action has been sufficiently reduced, as the first effect of that remedy is to increase the action of the blood vessels, which might thereby produce effusion or some organic affection of the lungs. Sinapisms, liniments & fomentations should not be neglected, as they are frequently serviceable. —

Emetics.

In the treatment of Pneumonia Biliosa. No one set of remedies deserve more attention than Emetics. They facilitate the discharge of the Bronchial secretions, they induce Diaphoresis, they relieve the cough, they remove those stitches which so frequently remain fixed in some part of the thorax: They prevent the supervention of the most formidable of all diseases, & which has been very justly termed the opprobrium Medicorum from the earliest Medical records, I mean Phthisis Pulmonalis. Baron Anthony Stoerk professor at Vienna (to whom the Medical world are so much indebted, not only for the many valuable articles which he investigated & annexed to the list of the Materia Medica; but also for his indefatigable exertions to raise the Medical profession to its present improved state,) was the first among the moderns who recommended emetics in the treatment of Pneumonic inflammation. "He says, where there is a weight about the stomach & a constant endeavour to vomit. An Emetic of Ipecacuanha & Tartar emetic: will relieve the patient."

¶ The Author of an Elaborate essay on Pleurisy "observes

¶ Dr. John Fencham of Plymouth

Observes. I have several times given an Emetic in Peripneumonies with great advantage, when the Expectoration has been suddenly suppressed, & the difficulty of breathing greatly augmented; but it was when a proper quantity of blood had been drawn antecedently, and the violence of the fever abated: but in such cases very little should be drank after it to promote vomiting.— The efficacy of oxygenated Sulphuricum in relieving asthmatic disorders is notorious. The mighty cures in Pleurisies etc, boasted of by Rulandus and others. with the antimonial aqua benedicta, were greatly owing to its emetic quality. And the famous Pandre des Cartreux, or Kermes Mineral, gained such high repute in pleurisies etc, in a great measure from the gentle efforts it creates to vomit.

The best Antimonial preparation, which I have ever tried, is the vinum benedictum, or glass of Antimony in wine."—

Dr Huxham asserts, "That patients may weak in acute diseases, bear depletion by purging, much better than by bleeding purging

or

or sweating.. —

Emetics says an eminent public teacher, "are particularly proper if bloodletting has been neglected, or where there is much phlegm. They have snatched many a person from the grave." They are also recommended by Dr Pro. Pringle.

Dr Holyoke recommends "from one to four grs of Tartarized Mineral with a little Ipecacuanha as an emetic. It is very efficacious in removing phlegm when very tenacious. In small doses as 1/2 or 1/3 grs. every 2 or 3 hours It proves a most powerful expectorant, where the lungs are greatly oppressed with viscid phlegm.. It has snatched many persons who seemed on the point of suffocation from the grave.— It is given in a little honey. —

Mr Peschier of the canton De Vaud in France in the warmth of his enthusiasm, says "he has abandoned all sanguineous depletion & counter irritation in the treatment of Pleurisies & treats entirely to emetics. He dissolves six or eight grains of Tartar emetic in ℥ vj warm water, of which he gives a table spoonful every two hours in an

" Rush. & Med. Reports.

" Medico chirurg. Review no 12. 1822.

an abundance of Laxative Ptisan. If there occurred much tendency to perspiration ℥ij of the Spiritus Aetheris Nitrosi were added. When there was much insomnium ℥j Liquid Opii was added. In general the dose of Tartar was increased iii grs daily until the patient took XII or XV grs per diem. In the greater number of cases the cure was completed in eight days. No case pulmonic inflammation has terminated fatally in his hands since he commenced this method of treatment. —

This practice is too reprehensible for us to notice, as his indiscriminate recommendation of the remedy proves, that he was not acquainted with the resources of Modern Medicine, we believe that Dr Field first introduced this remedy in this state in the treatment of this disease. He confides chiefly in it, whenever V.S. cathartics & repeated blistering, with the other auxiliary remedies have failed to remove the pain. In these desperate cases Emetics always afford immediate relief. The vomiting is encouraged until the pain is completely removed. He repeats them as often as the pain

pain returns. It is a remarkable fact attending their use that as soon as the discharge of bile takes place instantaneous relief is afforded. This remedy has been used by various physicians with unusual success. It is surprising that we have never known any debility to result from this treatment. Dr Fr recommends one grain of Tartar Emetic & one Scruple of Ipecacuanha every twenty minutes until vomiting takes place. —

Diaphoretics.

After the necessary evacuants have been used & the violence of the disease moderated, Diaphoretics may be resorted to, with great advantage. They are however to be used with cautions. Dr Chapman recommends a decoction of Serpentaria Virginiana. This we think best adapted to the typhoid form of this disease. In the Inflammatory form the Antimonial preparations constitute the best diaphoretics. They may be combined with Nitras Potassæ. or with Rhizome Ipecacuanha. A decoction of the Polygala Senega is also of great service. The Spiritus Minderari is also a remedy of very fair promise.

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Expectorants.

The ancients were so sensible of the necessity of expectoration in pulmonic disorders, that they endeavoured to promote it by the most powerful expectorants. They also prohibited the use of cocacouts lest they should check that discharge. Few or no Peripneumonies end well (says Hunham) without a free and copious expectoration. Mucilaginous demulcent liquors drank warm promote expectoration. Scilla Maritima, Ipecacuanha, Gum Ammoniacum, Polygala Senega, are ale excellent expectorants; the best however are the antimonial preparations, either alone or combined with Spiritus Aetheris Nitrosi or some one of the above articles.

Where Typhoid symptoms appear a mixture of the decoction of Serpentaria with 10 or 15 drops of Nitric acid is very serviceable, (a wine glass full of the former). Expectoration occasionally stops apparently from a want of power in the system; in which deplorable state, we must endeavour to support the strength & relieve the Bronchiae of the secretions with which they are clogged. Ammonia is a Medicine, the best calculated to effect the latter purpose, & in truth says

sot" Dr Hastings" we have seen patients, as it were snatched from impending suffocation by this valuable Medicine." Professor Chapman observes" Ammonia is frequently administered, and with great advantage, to relieve the lungs of oppression in the advanced stages of Acute Pneumonia.

Stimulants

With regard to stimulants much discrepancy of opinion has heretofore existed & still exists. Baron Storck observes" In cases where the pulse is soft & weak, & there is not a free expectoration, on account of weakness, a decoction of Virginia Snake root will be found very serviceable". In some cases opium is indispensable, it should be given at night. It prevents the frequent dry coughing, which ~~patients~~ sleep & weakens the patient: Where there is great oppression & expectoration is stopped so as to threaten suffocation, a strong Mixture of Gum Ammoniac, oxymel of Squills & dulcet spirits of Nitre relieves the patient.

Dr Rush recommended in his public lectures the use of Wine, Bark, Laudanum, Bob. Alkali & seneka as stimulants in Pneumonia Biliosa Typhoid. Dr Cleghorn found anodynes necessary

* Johnson [illegible] 90 * Thorax

necessary in cases of excessive vomiting.

Dr Jas L. Gilliam of Petersburg Va who practiced 30 years with almost unparalleled success, gave decided preference to the Bol. alkali as a stimulant, he also recommended the use of Serpentaria & Polygala Senega. He reprobated the use of opium in this disease having found it injurious in many cases: - We are under the impression that each of those articles may be used with advantage in some cases, but our experience is not sufficient to lay down any rules for their administration.

Salivation.

When Bilious Pleurisy does not yield to the above remedies, we should induce Ptyalism. It sometimes happens that the cough, stitches &c resist every other remedy, & if they are not removed Phthisis is induced. To obviate this Salivation is by far the best, & in fact the only means of fair promise; - Even in the incipient stage of Phthisis supervening Pneumonic inflammation, Mercury is by far the best remedy. We are under the impression that this is the only form of Phthisis which yields to salivation

Dr. C. A. Holyoke of Salem, he has used Mercury in Pleurisy & Peripneumony for 47 years, with great advantage. Calomel was given in doses of 1 or 2 grains as an alterant: or when the intention was to affect the system, it was frequently combined with Camphor & sometimes with Antimony or opium, or with all of them together. It is more desirable thereby to change the state of the system with it than to induce free Ptyalism.

In Virginia it is not unfrequently necessary to change the system with Mercury, this should not be done however until the use of other remedies has been carried sufficiently far.—

Dr Thos. F. Gilliam informs us, that he occasionally finds, that the stomach in this disease proves insensible to the action of Emetics, & the intestines at the same time are in so irritable a state, as to render the use of Emetics very hazardous, as their purgative effect greatly debilitates the patient.—

In these extreme cases of debility, which absolutely forbid the use of direct evacuants, he has resorted to small doses of Calomel frequently repeated with uniform success. It is often necessary

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to combine opium with the Mercury. As soon as the system is saturated with Mercury every severe symptom of the disease yields & the patient rapidly convalesces. It is not necessary to produce much soreness of the gums. It appears, as a charm to equalize excitement & to remove the excitability of the system.

Remarks.

During the whole course of treatment, the antiphlogistic regimen is to be strictly observed. A large room is to be prefered in all inflammatory diseases. The pernicious effects of external heat, by whatever mode applied have been noticed by almost every Medical writer. heating applications of every kind either in the dry, or moist way, are highly reprehensible in the early stage of all inflammatory diseases. If the patient is compelled to remain in a small room, it is to be frequently aired, but this must be done with the greatest caution. The advice of Celsus "in arcto conclave teneadus Aeger" is in no case more applicable than in Pneumonic inflammation.

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importance during the treatment of this disease Flax seed tea, Barley water, toast water, acidulated & saponaceous liquids, plain water etc. are all used occasionally in Virginia, with the best effect. The inhalation of stimulating vapours in the secondary stage of the disease, when the lungs are oppressed & respiration rendered difficult thereby, has been highly recommended by Drs Chapman, by Van Swieten, Huxham Hecht, Pringle, Rush & others.

The cleanliness of the patient is an object of primary importance & should never be neglected by the practitioner.

The diet should be of the most digestible & least stimulating kind, as Rice, Tapioca, Sago Panado etc, meats of every kind are inadmissible.

Exercise of every kind must be prohibited, as it acts as a very powerful stimulus, & thereby increases inflammatory action. Conversation & light are also stimulants which should be avoided.

Delirium is a very alarming symptom

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it is often the effect of the very great sympathy between the brain & stomach; it is to be treated by a blister to the Epigastrium, or on the back part of the neck, or between the shoulders, & the strict adherence to the antiphlogistic regimen.

After general V.S. has been carried as far as the state of the system will justify: more blood may be drawn by cups & leeches, they relieve pain etc, not so much by the loss of blood from the general system as by relieving the distended capillaries of the pained part. dry cupping is also of great service, when no more blood can be drawn from the patient with safety.

Geo. A. C. Barham.